

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34601

State File No.

NOV 13 1952

BIRTH NO.		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem, Mo.</u>		<u>11-31</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS <u>Salem</u> (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Siddy</u>		a. (First)		b. (Middle) <u>Lula</u>		c. (Last) <u>McDonald</u>	
4. DATE OF DEATH <u>Nov. 2, 1952</u>		5. SEX <u>F /</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 17, 1878</u>		9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>7</u>		11. DAYS <u>4</u>	
12. HOURS <u>11</u>		13. MIN. <u>31</u>		14. BIRTHPLACE (State or foreign country) <u>Groville, Ala.</u>		15. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		16b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		17. BIRTHPLACE (State or foreign country) <u>Groville, Ala.</u>		18. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
19a. FATHER'S NAME <u>Jonathan Porterfield</u>		19b. MOTHER'S MAIDEN NAME <u>Susan Porterfield</u>		20. NAME OF HUSBAND OR WIFE <u>Carl Mc Donald</u>			
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		22. SOCIAL SECURITY NO. <u>497184617</u>		23. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl McDonald, Salem, Mo.</u>			
24. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction Occlusio</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>				25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
26a. DATE OF OPERATION		26b. MAJOR FINDINGS OF OPERATION <u>4201</u>				27. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
28a. ACCIDENT SUICIDE HOMICIDE (Specify)		28b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		28c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		29. HOW DID INJURY OCCUR?	
29a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		29b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. HOW DID INJURY OCCUR?			
31. I hereby certify that I attended the deceased from <u>1950</u> , 19 <u>51</u> , to <u>11-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>52</u> , and that death occurred at <u>5:45A</u> m., from the causes and on the date stated above.							
32a. SIGNATURE <u>J. W. L. [Signature]</u>		32b. ADDRESS <u>Salem, Mo.</u>		32c. DATE SIGNED <u>11-3-52</u>			
33a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		33b. DATE <u>11-5-1952</u>		33c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		33d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u>	
34. DATE REC'D BY LOCAL REG. <u>11-2-52</u>		35. REGISTRAR'S SIGNATURE <u>M. M. Hart, M. Oby [Signature]</u>		36. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stalman & Grantham, Salem, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Marshall C. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Salem, Mass

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.